

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR THE TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

227964

CERTIFICATED COMPANY INFORMATION

2011-29-17

LifeConnex Telecom, LLC

FEIN/SSN: _____

Company Name

Telephone #: 678-436-5590

Dba/fka

COPY

3483 Satellite Blvd., Suite 202

Posted: lod

Mailing Address:

Duluth

GA

30096-5800

Dept: SA/ORS

City, State, Zip Code

Date: 2/7/11

6905 N. Wickham Road Suite 403

Business Location

Time: 4:00

Melbourne

FL

32940-0000

County: _____

City, State, Zip Code

REGISTERED AGENT INFORMATION

Registered Agent:

National Registered Agents, Inc.

Mailing Address:

2 Office Park Court, Suite 103

Columbia

SC

29223-0000

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Thomas Biddix **Business Location Address**
General Manager (Include Address if Different than above)

 Telephone Number / Facsimile Number / E-mail Address
- B. _____ _____ **Business Location Address**
Customer Relations/Complaints Representative (Include Address if Different than above)

 Telephone Number / Facsimile Number / E-mail Address
- C1. _____ _____ **Business Location Address**
Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)

 Telephone Number / Facsimile Number / E-mail Address

RECEIVED

FEB 07 2011

PSC SC
CLERK'S OFFICE

E. **Test and Repair** (Include Address if Different than above)
 - / - /
 Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)
 - / - /
 Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Lisa Brown **Mailing Address**
Regulatory Officer (Included Address if Different Address if different than above)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

H. **Dual Party Mailings (Name)**
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

I. **Interim LEC Fund Mailing (Name)**
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

J. **Universal Service Fund Mailings (Name)**
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

K. **Gross Receipts Mailings (Name)**
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address

Lisa Brown /
This form was completed by
 Account Manager
Title

Lisa Brown
Signature
 / 1/20/2011
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
 Post Office Drawer 11649
 Columbia, South Carolina 29211
 And
 Office of Regulatory Staff
Attn: Jeanne Gordon
 1401 Main Street
 Columbia, South Carolina 29201